This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11-27-2010</u>	Address:	<u>653 Maxw</u> el <u>l</u>
Case #;	<u>10-26130</u>		Evansville IN
County:	<u>Vanderburgh</u>		House fire
Operation	al/Glassware/Equipment (only)	Seizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other: House fire
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Basement - burnt up in the lire			
Water Reactive Metal (Lithium):			
Hydrochloric Acid Gas Generator(s):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes ☐ No ☐ Children Living condi	r age 18 discovered (check appropriate (number present) not present but evidence they reside elitions of home: clean disarray ngth of time manufacturing had been aformation: House fire with damage	or visit often	
This report has been faxed to the following agencies that serve the location:			
	nent: rtment: of Child Services:	Fax: Fax: Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Sgt. Scott Hurt Phone 812-436-6230			

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scone processing.